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ABSTRACT

The Rutland Center project is a combined teacher training-service model for the education of children with severe emotional and behavioral problems from 2-14 years of age. The model has several unique features: a) a new social-emotional curriculum (Developmental Therapy) for emotionally and behaviorally disturbed children, which uses normal developmental milestones as a guide to teaching by objectives; b) a performance-based team teaching model with three clearly specified roles (psychoeducational services to children and families; professional, paraprofessional, and volunteer training; and technical assistance) for which trainees are prepared by sequential assignment in each role; c) a highly functional evaluation system which is criterion referenced to Developmental Theory and with which trainees learn to evaluate each child's progress in the developmental curriculum, thereby using evaluation procedures to obtain ongoing feedback into the teaching process; d) a series of audiovisual training packages enabling individuals to learn the model at their own rate and at locations away from the center. (This document includes a summary, case study, and appendixes with letters and evaluative data.) (Related document is SP 007 581.) (Author/JA)

ED 087702

THE RUTLAND CENTER:

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A MODEL PROGRAM OF TEACHER TRAINING AND SERVICE FOR CHILDREN WITH SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS

The University of Georgia
College of Education
Division for Exceptional Children

November, 1973

SP 007 580

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THE RUTLAND CENTER: A MODEL PROGRAM OF TEACHER TRAINING AND SERVICE FOR CHILDREN WITH SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS.*

Part I

Summary

The Rutland Center project is a combined teacher training-service model for the education of children with severe emotional and behavioral problems from 2-14 years of age. The model has several unique features:

... a new social-emotional curriculum (Developmental Therapy) for emotionally and behaviorally disturbed children which uses normal developmental milestones as a guide to teaching by objectives;

... a unique performance-based teaching team model with three clearly specified roles for which trainees are prepared by sequential assignment in each role;

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*The program described herein was funded in part by the Georgia Department of Education and the U. S. Office of Education Handicapped Children's Early Education Program, P. L. 91-230, Title VI, Part C: Grant #OEG 0-70-4701 (618).

... a highly functional evaluation system which is criterion referenced to Developmental Therapy and with which trainees learn to evaluate each child's progress in the developmental curriculum, thereby using evaluation procedures to obtain on-going feedback into the teaching process;

... and a series of audio-visual training packages enabling individuals to learn the model at their own rate and at locations away from the center.

The project has been awarded funding from competive grant programs for four consecutive years from the U. S. Office of Education, Bureau of Education for the Handicapped as a model demonstration preschool program. It has been supported also by the Georgia Department of Education for four years as a demonstration model for serving school age children with severe emotional and behavioral problems.

Documentation of the effectiveness of this training-service model is offered in several ways. Re-

quests for graduate training have come from thirteen different departments of the University of Georgia; requests for undergraduate training from ten departments. In-service training requests from school systems throughout Georgia and the Southern region resulted in 97 workshops on the Rutland Center-Developmental Therapy model.

As a measure of the effectiveness of the teachers and the curriculum, the progress of children receiving Developmental Therapy is documented in two ways: a developmental milestones rating instrument and an observational instrument.

Finally, the number of replications of the model indicates its effectiveness. Twelve other school systems in Georgia and five outside of Georgia have established programs for severely emotionally and behaviorally disturbed children and are using the Rutland Center-Developmental Therapy model for service and training.

Part II

Case Study

THE RUTLAND CENTER

Athens, Georgia

A MODEL PROGRAM OF TEACHER TRAINING AND SERVICE FOR CHILDREN WITH SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS WHICH USES A PSYCHOEDUCATIONAL CURRICULUM CALLED DEVELOPMENTAL THERAPY

The University of Georgia
College of Education
Division for Exceptional
Children

November, 1973

THE RUTLAND CENTER CONTRIBUTION TO TEACHER EDUCATION

The education of children with severe emotional and behavioral problems has historically been a concern and challenge to educators. The preparation of teachers for this field has been equally challenging. Teachers of disturbed children need to be prepared to face the assault of bizarre behavior, attitudes of rejection, and verbal and physical acting out by the children they are to teach. They need to understand and work with psychiatrists, psychologists, and social workers who have responsibility for the treatment of such children and their families. They must be prepared to educate in the domain of social-emotional development. They are confronted with varying social standards and expectations for these children by their families and their community. They see the compounding effect of severe cultural deprivation on potentially normal emotional responses.

The essential tools these teachers use are reality, rules, social expectations, motivations, drives, feelings,

anger, conflict, successes, and failures. They must understand these powerful forces. They must understand their own responses to these forces. They must learn that they are the catalyst in the teaching process. Often, they are the only agent for change in the life of a disturbed child. They must know where they are headed; what their goals are for these children; what steps they must follow to reach these goals. Finally, the teacher of disturbed children must be able to recognize the accomplishment of an established goal; when new goals and objectives are needed; and when new procedures could enhance and expedite the goal. All of these elements must be included in a program preparing teachers to educate emotionally disturbed children.

This case study describes a project which has addressed itself to these issues, offering a model for training and service which has been successful enough in rehabilitating seriously emotionally disturbed children that it has become a prototype for several state and national educational service delivery systems.

Teachers in training as well as many experienced teachers have contributed to this model. The progress

of children taught by them has been carefully documented. Such documentation is offered as a significant measure of teacher and curriculum effectiveness. The number of replications of the model is offered as an external measure of the model's effectiveness.

In the Rutland Center model, training and service cannot be separated. The model is both a means to effectively train teachers and an educational service delivery system.

Benefits

The benefits of the Rutland Center model are seen as: (a) combining the resources of a service agency with teacher training for more effective utilization of resources and professional manpower in the education of emotionally and behaviorally disturbed children; (b) combining educational and treatment responsibilities for more effective community programs of rehabilitation for these children and their families; (c) providing centrally located, comprehensive, professional resources to school systems and communities which are developing services for disturbed children; and (d)

utilizing paraprofessional neighborhood people and parents to assist in major portions of the teaching process.

To contribute to the effectiveness of teacher training, the model has four specific products to offer:

1. A new, comprehensive curriculum for enhancing social-emotional growth of emotionally and behaviorally disturbed children between the ages of 2 and 14 years.

2. A common understanding of goals, objectives, techniques, and procedures for implementing the curriculum.

3. A service prototype with clearly defined roles, skills needed, and system for service delivery.

4. An effective and useful accountability system for both internal and external evaluation, used by all participating personnel to document program effectiveness.

THE RUTLAND CENTER

Athens, Georgia

DESCRIPTION

The Rutland Center of Athens, Georgia, is a model program serving children between 2 and 14 years of age with severe emotional and behavioral problems. The Center's major goal is to decrease the emotional and behavioral disorders of children through a new psychoeducational curriculum called Developmental Therapy.

To accomplish the major goal, the center operates through three basic components. These components along with brief descriptions of goals and functions are:

1. Psychoeducational Services to Children and Families

   Service to Children Goal: to increase the coping behavior of referred children in their home and school environment so that after a specified treatment period (estimated at time of enrollment) these children will have achieved particular stages of Developmental Therapy (stages based on measurably stated objectives) in behavior, communication, socialization, and academics.

   Service to Families Goal: to provide information about the developmental needs of referred children and assistance to families in meeting these needs.

2. Professional, Paraprofessional, and Volunteer Training

Goal: to develop and conduct training sequences in the service model and in Developmental Therapy techniques for the preparation of professional, paraprofessional, and volunteer personnel both within the center and at other sites, so that after varying time periods - dependent upon the trainee - the trainees will be able to work effectively in selected aspects of the model and therapeutic process.

3. Technical Assistance

Goal: to stimulate development of new centers serving emotionally disturbed children by developing and disseminating information, training materials, and consultation services concerning all phases of the project, model and treatment method to interested professionals and community groups at local, state, and national levels.

The Developmental Therapy Curriculum

Developmental Therapy is a psychoeducational approach to teaching children who have severe emotional and behavioral problems. It is designed for special education teachers or other mental health workers, parents, volunteers, and paraprofessionals to use in a therapeutic classroom with five to eight children in a group. The curriculum process is a developmental progression which stimulates developmentally appro-

priate behavior, closely akin to normal growth patterns. Developmentally suitable experiences are systematically used in the program to stimulate constructive behaviors, particularly when experiences represent small, sequential steps toward normal maturation and development. Similarly, nonconstructive behaviors are redirected, outgrown, or extinguished as a child learns more rewarding and satisfying adaptations to his world.

The Developmental Therapy curriculum works in four areas encompassing the range of problems exhibited by disturbed children: behavior, communication, socialization, and academics. Within each curriculum area, maturational sequences and measurable objectives are outlined. The objectives are specific to each curriculum area, while the maturational sequences shown below cut across all four curriculum areas.

Stage I: Responding to the Environment with Pleasure

Stage II: Responding to the Environment with Success

Stage III: Applying Individual Skills to Group Procedures

Stage IV: Valuing One's Group

Stage V: Applying Individual and Group Skills in New Situations.

Figure 1 displaying the goals for each curriculum area at each stage of therapy appears on the following page. Figure 2 presents a summary of the teacher's role, experience, materials and type of environment needed at each stage of therapy.

Children are enrolled in one of twelve therapeutic classrooms organized according to five stages of development. Thus, mastery of developmental milestones is used for grouping children rather than chronological age. A progression of specific objectives are established for each child in four curriculum areas -- behavior, communication, socialization, and academics -- for each developmental stage. Further, the program seeks to integrate the disturbed child into the mainstream of normal experiences. Children attend classes at the Center for only one or two hours a day and from two to five days a week, with frequency and length of participation decreasing as the child moves from Stage I to Stage V classes; at the same time, most children are simultaneously enrolled in a regular ele-

Figure 1

DEVELOPMENTAL THERAPY GOALS
FOR EACH CURRICULUM AREA AT EACH
STAGE OF THERAPY

	BEHAVIOR	COMMUNICATION	SOCIALIZATION	ACADEMIC SKILLS
STAGE I	To trust own body and skills	To use words to gain needs	To trust an adult sufficiently to respond to him	To respond to the environment with processes of classification, discrimination, basic receptive language concepts, and body coordination
STAGE II	To successfully participate in routines	To use words to affect others in constructive ways	To participate in activities with others	To participate in classroom routines with language concepts of similarities and differences, labels, use, color; numerical processes of ordering and classifying; and body coordination
STAGE III	To apply individual skills in group processes	To use words to express oneself in the group	To find satisfaction in group activities	To participate in the group with basic expressive language concepts; symbolic representation of experiences and concepts; functional semi-concrete concepts of conservation; and body coordination
STAGE IV	To contribute individual effort to group success	To use words to express awareness of relationship between feelings and behavior in self and others	To participate spontaneously and successfully as a group member	To successfully use signs and symbols in formalized school work and in group experiences
STAGE V	To respond to critical life experiences with adaptive-constructive behavior	To use words to establish and enrich relationships	To initiate and maintain effective peer group relationships independently	To successfully use signs and symbols for formalized school experiences and personal enrichment

Figure 2

SUMMARY OF
DEVELOPMENTAL THERAPY STAGES

STAGE I: Responding to the Environment with Pleasure	
General Description:	Responding and Trusting
TEACHER'S ROLE:	Arouser and satisfier of basic needs
TECHNIQUES:	Body language, controlled vocabulary, routine, stimulating activities
INTERVENTION:	Constant physical contact, caring, arousing
ENVIRONMENT AND EXPERIENCES:	Routine constant, luring rather than demanding, stimulating, arousing activities (sensory)
STAGE II: Responding to the Environment with Success	
General Description:	Learning Individual Skills
TEACHER'S ROLE:	Verbal reflector of success, redirector of old coping behaviors to successful outcomes
TECHNIQUES:	Routine, consistency, holding limits, redirection
INTERVENTION:	Frequent, both physical and verbal
ENVIRONMENT AND EXPERIENCES:	Activities leading to self-confidence, communication activities; success, free play time, and structured play
STAGE III: Learning Skills for Successful Group Participation	
General Description:	Applying Individual Skills to Group Procedures
TEACHER'S ROLE:	Reflector of feelings and progress; encourager; holder of limits
TECHNIQUES:	Reflection of feelings; predictability; frequent verbal intervention, consistency
INTERVENTION:	Frequent, group focus, mostly verbal
ENVIRONMENT AND EXPERIENCES:	Focus on rules; focus on group; focus on consequences of behavior; approximate real life as much as group can tolerate; predictable structure; sharing
STAGE IV: Investing in Group Processes	
General Description:	Valuing One's Group
TEACHER'S ROLE:	Reflector of reality and success; counselor group leader
TECHNIQUES:	Reality reflection, individual LSI, group discussions aimed at problem solving, group planning
INTERVENTION:	Intermittent, approximating real life
ENVIRONMENT AND EXPERIENCES:	Approximates real life with normal expectations; Emphasis on learning experiences, unsimulated normal expectations, role play, field trips, plans developed by children
STAGE V: Applying Individual/Group Skills in New Situations	
General Description:	Generalizing and Valuing
TEACHER'S ROLE:	Counselor, teacher, friend
TECHNIQUES:	Normal expectations; relationships between feelings, behaviors, and consequences non clinical
INTERVENTION:	Infrequent
ENVIRONMENT AND EXPERIENCES:	Normal childhood settings; conversations about real life experiences; support in solving problem situations; independent skill building

mentary school, kindergarten, nursery, or day-care center.

Besides the child service component, the Center also offers services to parents. These services focus primarily upon providing parents with information about the child's progress and needs and assisting parents in implementing a parallel home program. The individualized parent program typically calls for initial contact and "tuning in" to the child's needs from a developmental reference point, frequent communications with the center's teachers, parent observation and participation in the Developmental Therapy classes, and later, decreasing center support and communication as the parent develops necessary coping skills and a realistic understanding of the child.

THE EVALUATION SYSTEM

Rutland's evaluation system is considered an integral part of the overall project rather than an adjunct to it. All staff and trainees are taught to utilize the evaluation process as part of treatment feedback. The evaluation team (a Coordinator, one full-time and one half-time evaluator) provide evaluative services for each component of the program using a three-part model--planning, monitoring and appraising -- illustrated on the following page (Figure 3). The goals of this model, which emphasize the formative rather than the summative functions of evaluation, are to help express questions to be answered and information obtained; to collect the necessary information; and to prepare the data in a form useful to the staff.

The evaluation plan for services to children consist of five major phases coinciding with the flow of diagnostic and teaching procedures. The phases are intake, staffing, monitoring, termination, and tracking. Each phase is directly supported by data collected and summarized by the evaluation team, which assists in the

Figure 3

The Evaluation Process

Type of Activity	Function or Role	Method
Planning	Identify and assess needs and problems State treatment goals and objectives Identify and assess (alternative) strategies	Discussion with director, psychologist and evaluation team
	Implementation design Determine instrumentation for evaluation	Review of research; discussion involving director, psychologist, teachers and evaluation team
	Identify individual treatment objectives	Checklist, intake assessment, staff discussion
	Collect baseline data	Checklist, intake assessments, observation
Monitoring	Collect data pertaining to treatment effect (periodic assessment)	Behavioral observation form Objectives rating form
		Questionnaire and scales for parents
		Discussion with monitors
	Relate data to treatment objectives and process (feedback to staff)	Summary and analysis of collected data
	Assess proposal objectives Implementation evaluation	Inventory (completed by evaluator); questionnaires (completed by staff, parents)
Appraising	Devise criteria for concluding that treatment objectives have been attained	Inspection of collected data and discussion with staff
	Relate outcomes to objectives	Analysis of collected data
	Support decisions with regard to outcomes, recycling, reporgramming, termination	Discussion with director, psychologist, and therapist

determination of the child's problems during intake and staffing; provides periodic feedback for maintaining and adjusting the curriculum; assists in specifying graduation criteria; and obtains follow-up information after the child's Center program ends.

Two major instruments are used to evaluate the progress of children in the program. The Representative Objectives Rating Form (RORF), a progression of developmental objectives, is completed by the teaching team every five weeks for each child. The team indicates whether an objective has been mastered, whether it is a major focus of the individual's program or a secondary objective needing some work, or whether the child is not ready for the objective. Each developmental rating can be summarized showing the child's past and current developmental stages and rate of progress.

The second instrument is the Systematic Who-to-Whom Analysis Notation (SWAN), an observational instrument based upon the developmental objectives. The instrument measures a child's interaction in the classroom with other children, with the teaching team, and with the materials. Various behaviors measured by this

instrument are judged to be positive, negative, or neutral, and increases or decreases in these behaviors are assessed.*

The initiation of each individual parent program involves promoting parental acceptance of and concern for the child's problems. From the evaluation viewpoint, this is the planning phase. Next comes direct parent involvement and the documentation of this involvement (monitoring). Detailed accounts are kept on ways the parents participate in working with the child. Parent data collected are frequency counts and unobtrusive measures--indicators of information shared, parental acceptance, involvement, and activities outside the Center. The appraising phase includes summarizing all of these indicators and examining change in parents with respect to awareness of child's development, work on child problems, and confidence in the Center.

The goal of the training component is to demonstrate and teach Center processes to other professionals

*Sample summary data of progress of one group of children as measured by these instruments is contained in Appendix A, Part 1 and Part 2.

and preservice trainees and to disseminate professional information to programs serving emotionally disturbed children. The evaluation team helps plan activities and prepares materials such as time charts and feedback forms for workshops, seminars and the like.

In this model, teacher and curriculum effectiveness are measured by progress of children as documented by the previously discussed instruments (RORF and SWAN). Trainee effectiveness is measured by the pre-post tests and other materials contained in the Rutland Center A-V Training Program and by repeated ratings of core competencies, all described later in the training section. A trainee's assignment to each position on the teaching teams also is a measure of progress and indicates mastery of each defined set of skills for a particular role.

Data collected on trainees during the monitoring phase include self ratings, supervisor ratings and descriptive and anecdotal reports. All trainee data are used as feedback to the trainees during the training sequence.

Evaluation of administrative activities includes collection of data on number of children served, amount

of improvement shown, type of services rendered, costs, staff training, and community impact. Several measures not specifically related to a particular area of effort have proven particularly useful in administrative decision-making. These include a staff Feedback Questionnaire, Training Session Evaluation Form, and the Rutland Center Visitor Questionnaire. The 1972-1973 annual report contains an administrative summary of the Rutland Center services and includes summaries of principals and teacher's responses to an annual questionnaire. This report is included as Appendix B.

External evaluation of the model's effectiveness is offered in a number of ways.

> ...seven new centers have been developed as replications of this model in Georgia, serving 61 school systems (reported in Georgia Alert, published by Georgia Department of Education, September 1972).
>
> ...Five school systems outside of Georgia are developing programs for disturbed children using the Rutland Center Developmental Therapy Model. These programs are receiving technical assistance from Rutland Center under a grant from the Office of Education, Bureau of Education for the Handicapped (Grant No. OEG - 0-73-5583) (See Appendix C for representative letters of involvement).

...the model was selected by the U. S. Office of Education, Bureau of Education for the Handicapped for a three year demonstration of its preschool component (Grant No. OEG-0-70-4701 (618).

...the model was selected by the U. S. Office of Education for a second three year demonstration project applying the model to the education of children with many different handicaps in cooperation with the Model Cities Program (Grant No. OEG - 0-72-4500).

...A new Developmental Music Therapy curriculum has been developed from the model (Graham, R. "Seven Million Plus Need Special Attention. Who Are They?", Music Educators Journal, volume 58, No. 8, April, 1972, pp. 22-25.) (See also Appendix C for letters of support).

...The model was selected as one of five from among 50 programs funded by the Office of Education to be described as an Exemplary Program to receive national dissemination through a project by the U. S. Office of Health, Education and Welfare, National Institute of Education, Task Force on Dissemination and the Bureau of Education for the Handicapped, Early Childhood Education Program (reported in Exemplary Program for the Handicapped, Vol. 3, "Early Childhood Education Case Studies" Abt Associates, Inc. Cambridge, Mass. June 1973).

DEVELOPMENT OF THE PROGRAM

Rutland Center is an outgrowth of the University of Georgia's Special Education Clinic for Disturbed Children, established in 1964 by the Project Director as a part of the first special education training program for teachers of disturbed children in the state. In 1966, under a new state plan to develop community mental health centers, the clinic began providing direct, special educational services and treatment, diagnostics, and family support services in a therapeutic classroom sponsored jointly by the University and the local Health Department. At the same time, research and application led to the creation of the Developmental Therapy curriculum.

In 1970, the project was funded for a three year period jointly by the Office of Education, Bureau of Education for the Handicapped, the Georgia Department of Education, and the Georgia Department of Human Resources as a model community-based, psychoeducational center, centrally locating professional mental health and educational personnel in a cooperative program

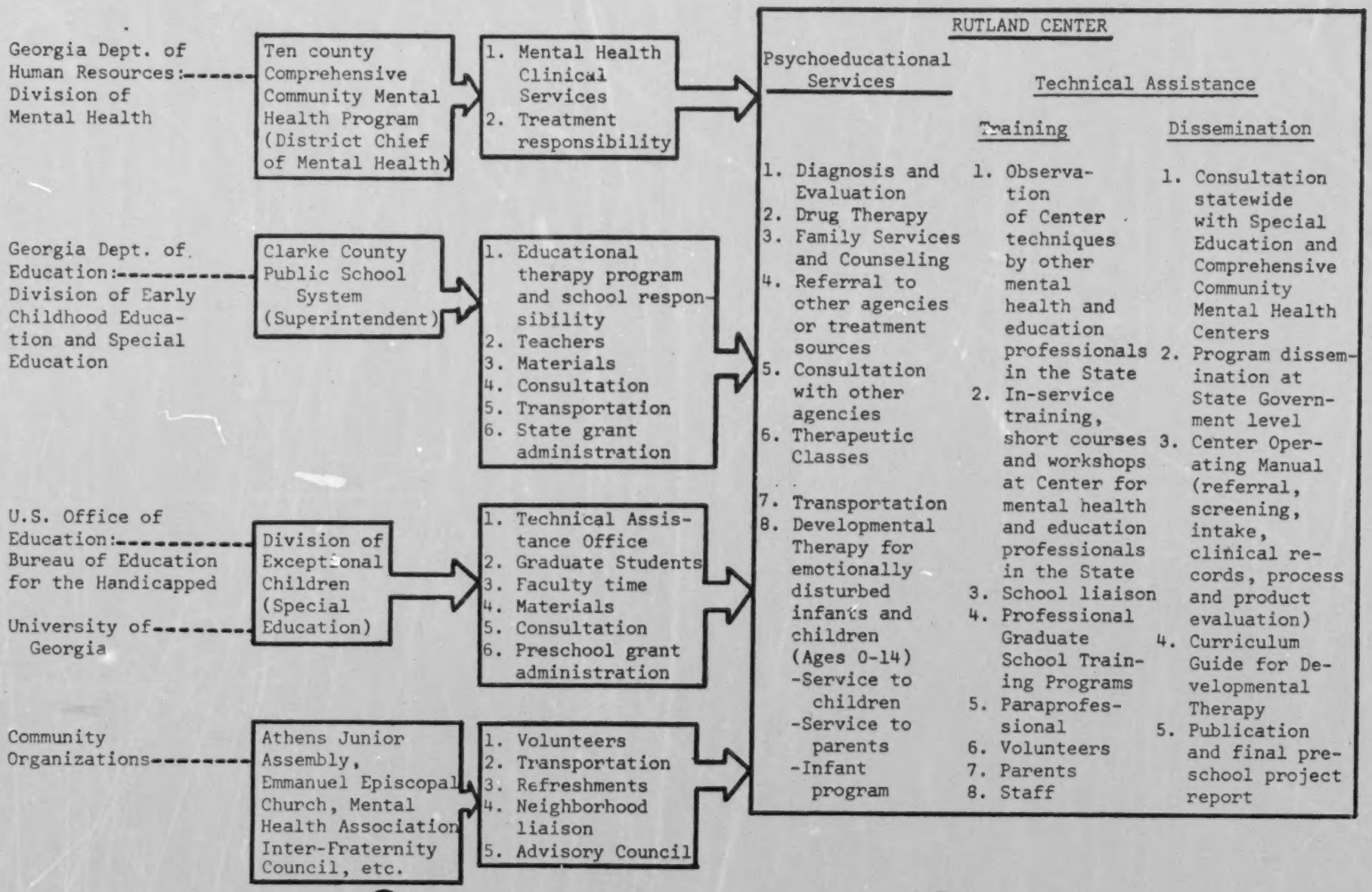
for psychoeducational service to seriously emotionally disturbed children. The original training functions continued to expand as the program developed.

Figure 4 portrays the cooperative nature of the Rutland Center project, lists eight specific psychoeducational services, eight training functions and five dissemination functions. Operations were enlarged during the first year to include two satellite centers in other sections of the State and to pilot test a formalized version of the Developmental Therapy curriculum. From the first year success, the idea was fostered of using Rutland Center as a model for a statewide comprehensive Georgia Psychoeducational Center Network. To implement the idea, $2.9 million in funds were secured in 1972 from the Georgia General Assembly to begin operation of the network with seven centers, serving 61 school systems and 1,580 children. Fifteen network centers now are underway in Georgia; targeted to serve 3,399 children and their families by the end of the 1974 school year. All but one of these centers elected to use the Rutland Center model.

Figure 4

OVERVIEW OF RUTLAND CENTER

Sources of Support and Specific Programs


Georgia Dept. of Human Resources: Division of Mental Health
Ten county Comprehensive Community Mental Health Program (District Chief of Mental Health)
1. Mental Health Clinical Services
2. Treatment responsibility
Georgia Dept. of Education: Division of Early Childhood Education and Special Education
Clarke County Public School System (Superintendent)
1. Educational therapy program and school responsibility
2. Teachers
3. Materials
4. Consultation
5. Transportation
6. State grant administration
U.S. Office of Education: Bureau of Education for the Handicapped
University of Georgia
Division of Exceptional Children (Special Education)
1. Technical Assistance Office
2. Graduate Students
3. Faculty time
4. Materials
5. Consultation
6. Preschool grant administration
Community Organizations
Athens Junior Assembly, Emmanuel Episcopal Church, Mental Health Association Inter-Fraternity Council, etc.
1. Volunteers
2. Transportation
3. Refreshments
4. Neighborhood liaison
5. Advisory Council
RUTLAND CENTER
Psychoeducational Services
1. Diagnosis and Evaluation
2. Drug Therapy
3. Family Services and Counseling
4. Referral to other agencies or treatment sources
5. Consultation with other agencies
6. Therapeutic Classes
7. Transportation
8. Developmental Therapy for emotionally disturbed infants and children (Ages 0-14)
-Service to children
-Service to parents
-Infant program
Technical Assistance
Training
1. Observation of Center techniques by other mental health and education professionals in the State
2. In-service training, short courses and workshops at Center for mental health and education professionals in the State
3. School liaison
4. Professional Graduate School Training Programs
5. Paraprofessional
6. Volunteers
7. Parents
8. Staff
Dissemination
1. Consultation statewide with Special Education and Comprehensive Community Mental Health Centers
2. Program dissemination at State Government level
3. Center Operating Manual (referral, screening, intake, clinical records, process and product evaluation)
4. Curriculum Guide for Developmental Therapy
5. Publication and final preschool project report

Additionally, five school systems outside of Georgia have begun replications of the model during 1973-1974.

Now in its fourth year of operation, the Rutland Center is administered through the Clarke County School District with continued support from the University of Georgia. Rutland Center continues to offer direct services to parents and children from a ten-county area, as well as providing extensive technical assistance to other school systems and training for preservice and in-service education.

PERSONNEL

There are currently 47 people on the Rutland Center staff, of which 75% are full time employees. Approximately 20% are male and 20% are black. Their levels of education range from high school diplomas to post-doctoral training. In addition to the regular staff up to 13 trainees (interns and practicum students) are accepted for training at the Center each quarter.

Rutland Center has four top administrative personnel; The Project Director, the Coordinator of Psychoeducational Services, the Coordinator of Evaluation, and the Coordinator of Training.* The Director is responsible for overall program effectiveness, administration, community contacts and support, the Technical Assistance Office, and dissemination of information about program. The Coordinator of Psychoeducational Services is administratively responsible for the daily psychoeducational services to children and parents, working closely with the teaching teams and coordinating the work of all teams in evaluating a child's needs, assigning him to a group, and planning his individualized program.

*The administrative personnel are identified in Appendix D.

She also supervises school liaison and follow-up services. The Coordinator of Evaluation is in charge of evaluating all Center components including services to children and parents, training, and administration. He is also Coordinator of the Technical Assistance program, supervising technical assistance staff, helping new programs with proposal writing, implementing new programs, planning for staff training and continuing evaluation. The Coordinator of Training is responsible for the orientation of college students from all departments to the Developmental Therapy model. Using the Rutland Center A-V Training Program she provides student counseling, training seminars, demonstrations, observations, and assignment to treatment teams.

There are two unusual features of the staffing pattern used in training in the Rutland model - THE THREE PERSON TREATMENT TEAM STRUCTURE AND THE STAFF ROTATION SYSTEM. Both features are highly effective procedures for integrating trainees from many educational levels and professional backgrounds into the service aspects of the model.

The Three-Person Teaching Team

Most of the professional staff and trainees are members of the teaching teams. Each of these three-person teams, working with a group of up to eight children on a specific developmental stage, consists of a lead teacher, a support teacher, and a monitor. This year there are 12 teams at the Center each assigned to one of five morning or seven afternoon classes. Trainees are assigned to each of the roles in sequence during a calendar year. However, only one trainee is assigned to each team at a time.

A support teacher may be an experienced teacher, a paraprofessional, an intern teacher, or other trainee. She must be able to assist in classroom activities based upon the developmental curriculum and goals established for children in the group. The support teacher has demonstrated prior mastery of the Rutland Center A-V Training Program. She works as a complement to the lead teacher and is responsible for handling individual crises and maintains children's attention toward the lead teacher.

A lead teacher is experienced in implementing Developmental Therapy and using the data instruments. She usually has a Master's degree in Special Education, but may be anyone who has demonstrated competency in Developmental Therapy through prior participation in the training programs as a support teacher at the Center. The lead teacher provides the central focus in the classroom around the Developmental Therapy objectives for each child; initiates group action; is responsible for curriculum planning; and is constantly and actively involved in assessing the progress of each child and the group.

A monitor is always someone with demonstrated classroom competency in both the lead and support teacher positions. The monitor often has had prior training in social casework or guidance counseling. The monitor observes the class daily from the observation room as the lead and support teachers' source of daily feedback. The monitor plans, arranges and carries out all parent contacts; observes the therapeutic classroom with parents and regular school teachers; provides immediate feedback to the teaching

team on group processes, individual children's responses and teachers' techniques; assists in program planning for the class, and plans with parents ways to implement similar programs at home. The monitor also serves as a crisis back-up person when a third adult is needed in the classroom.

Staff Rotation System

Most full time professional staff and trainees serve on both a morning and afternoon treatment team, usually in a different position and sometimes with a different stage of Developmental Therapy. For example, one staff member may be a lead teacher for a Stage III class in the morning, and serve as monitor for a Stage II class in the afternoon.

Staff and trainees also are assigned new positions every ten weeks when children are reevaluated and regrouped according to mastery of Developmental Therapy objectives. These assignments are made according to staff preferences and capabilities. This rotation system prevents staff and trainees from becoming over-

whelmed with the problems of any particular child and family and their approach from getting stale. Rotation also broadens their understanding of more children and of the wide range of applications of the therapy itself. Children and parents benefit because this system prevents dependence on individual staff members and promotes individual growth through the experience of change and progress.

The rotating team teaching concept evolved out of staff dissatisfaction during the program's first operational year. At that time, no monitor position existed and the staff roles were isolated: teachers worked with children and social workers worked with parents. The teachers felt they needed more current family information and family involvement while the social workers felt they didn't know enough about the child's progress at the center to adequately communicate with parents about implementing similar home programs. Furthermore, parents began to turn to lead teachers rather than the social workers for communication. As a result, the Director created the monitor role and instituted a

policy requiring that all service staff begin retraining by working in the support role and then the lead teacher and monitor roles to fully learn the Rutland Center model. This procedure became the basis for the present Rutland Center training program for trainees and new staff alike.

Staff Selection

When new staff need to be hired, or potential trainees are being interviewed, the administrative staff look for qualities such as openness and flexibility; ability to learn and respond to observation and supervision; motivation to serve children, warmth, rapport and the ability to monitor one's own actions.

New staff members and trainees, regardless of previous education or experience, are all subject to the same selection and training system: they must first complete the Rutland Center A-V Training Program and then master Developmental Therapy techniques in each of the three sequential steps -- as support teacher, lead teacher, and monitor -- before they can apply

their own special skills. They generally begin direct work as a support teacher, moving into the lead teacher and then monitor positions when they have demonstrated competency through successful performance in the previous role.

TRAINING AND TECHNICAL ASSISTANCE

The University of Georgia provides a technical assistance and training office at Rutland Center, funded by the Georgia Department of Education, to meet manpower needs at new centers and to help them with curriculum planning, staff training, and program evaluation using the model.*

Specific services of the Rutland Center technical assistance office are:

1. Consultation in program planning and development of the Rutland Model and Developmental Therapy to new areas.

2. Preservice and Inservice training, for continuing to meet manpower needs and to improve personnel effectiveness in the use of Developmental Therapy.

3. Consultation and training in the model's evaluation system, including evaluation design, implementation of evaluation methods, and documentation of program and treatment effectiveness.

---

* This technical assistance office has received funding from the Office of Education, Bureau of Education for the Handicapped in 1973-74 for dissemination and replication of the model nationally, under grant No. OEG-73-5583 Two more years of funding are anticipated.

4. Dissemination of information about the model within the network and to other groups outside the network.

Consultation in Program Planning and Development

The technical assistance staff worked closely with 12 areas of Georgia interested in developing a psychoeducational center in 1972-1973. The staff made 28 consultation trips for program development providing four different types of services:

1. An initial visit to present the Network model, standards, and ways to proceed; at the invitation of concerned local school superintendents.

2. A second visit to further organize or assist the local ad hoc or advisory group planning the program and preparing the proposal.

3. Participation in official, school and community functions (open house, board meetings, etc.)

4. Speaking to groups in support of the local effort to develop community support for a psychoeducational center.

An additional ten school systems outside of Georgia requested consultation and assistance in program planning and development of the model.

Preservice and Inservice Training

Because the education of emotionally disturbed children involves professionals from many fields, the

Rutland Center training effort has been made available to those seeking training from many professional fields:

Art, Music and Recreation Therapies
Child Development
Early Childhood Education
Educational Psychology
Guidance and Counseling
Journalism and Media
Psychology
Remedial Reading
School Psychology
School Social Work
Sociology
Special Education
Special Education Administration
Speech and Language Development

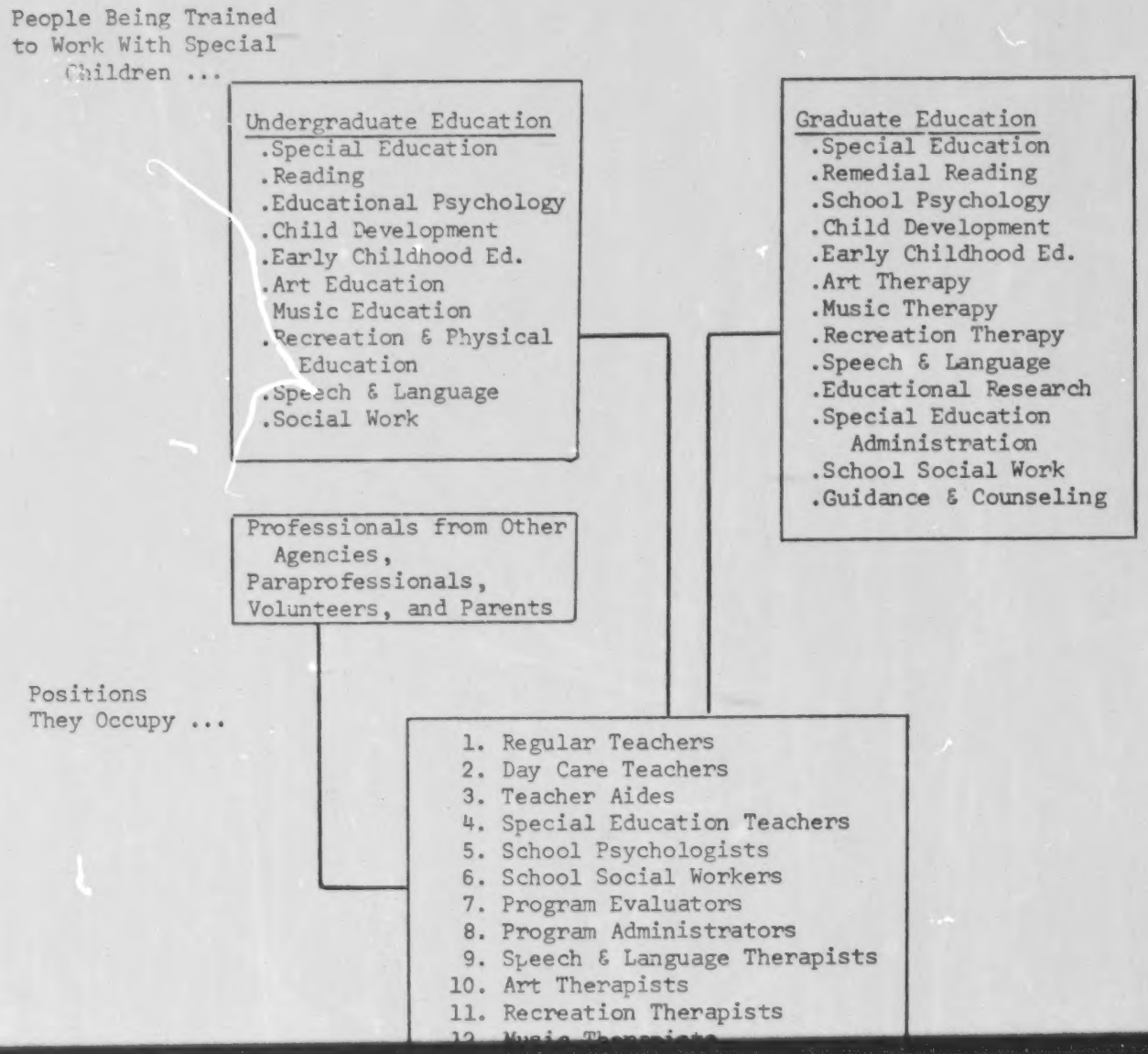
Figure 5 portrays the flow of people involved in the education of disturbed children and how the Rutland training program brings them to a common reference point.

Preservice and inservice training starts with the Rutland Center A-V Training Program, which is a series of audio-visual packages, interspersed with direct observation of the therapeutic classes. These training materials are listed in Figure 6. The materials introduce the Rutland model and in sequential steps provide the preliminary background in Developmental Therapy prior to direct application of the procedures in a therapeutic classroom. Pre- and post tests are used along with other materials to assess a trainee's mastery of each step in the series.

FIGURE 5

THE CONTRIBUTION OF THE RUTLAND CENTER

MODEL TO TEACHER EDUCATION:



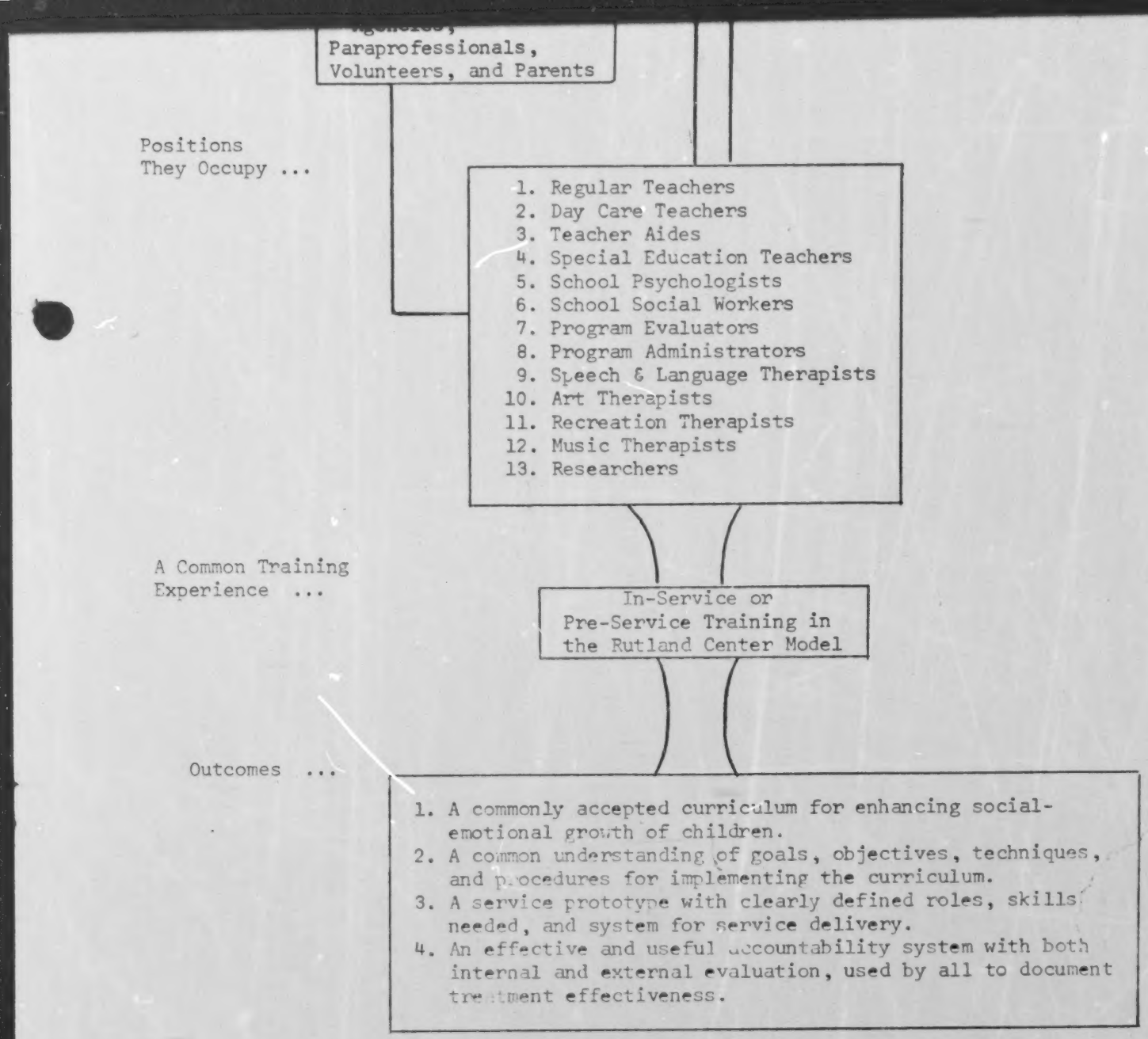

Paraprofessionals,
Volunteers, and Parents
Positions
They Occupy ...
1. Regular Teachers
2. Day Care Teachers
3. Teacher Aides
4. Special Education Teachers
5. School Psychologists
6. School Social Workers
7. Program Evaluators
8. Program Administrators
9. Speech & Language Therapists
10. Art Therapists
11. Recreation Therapists
12. Music Therapists
13. Researchers
A Common Training
Experience ...
In-Service or
Pre-Service Training in
the Rutland Center Model
Outcomes ...
1. A commonly accepted curriculum for enhancing social-emotional growth of children.
2. A common understanding of goals, objectives, techniques, and procedures for implementing the curriculum.
3. A service prototype with clearly defined roles, skills needed, and system for service delivery.
4. An effective and useful accountability system with both internal and external evaluation, used by all to document treatment effectiveness.

Figure 6

RUTLAND CENTER TRAINING MATERIALS

I. The Rutland Center Audio-visual Training Program:

1. Orientation to the Georgia Psychoeducational Center Network - slide/tape; pre/post test
2. Developmental Therapy - Theory and Assumptions - video tapes; pre/post test
3. Treatment Model Overview - Stages of Therapy - slide/tape; worksheets
4. Areas of Curriculum - 8 mm film with sound
   a. Behavior
   b. Communication
   c. Socialization
   d. Academics
5. Physical Plant Guidelines for a Psychoeducational Center - Slide/tape
6. Orientation to Evaluation System - video tape/ sample training packages
7. Referral Procedures and Intake Process - An Overview - transparencies; sample training packages
8. Introduction to the Referral Form Check List - training packages
9. School Contacts
   video tape
10. Educational Assessment - case study package
11. Intake Interview with Parents - video tapes
12. Roles of Psychologist and Psychiatrist in Intake Process - video tape
13. Referral Form Check List Compilation - handout
14. Staffing Procedures - transparencies; training package
15. Post-Staffing Procedures-
    a. Educational Planning Conference - video tape
    b. Parent Planning Conference - video tape
16. Treatment Model - Implementation
    a. Utilization of Treatment Personnel - in
    b. Utilization of Non-Treatment Personnel - preparation

Figure 6 (cont.)

RUTLAND CENTER TRAINING MATERIALS

17. School Follow-Through and Tracking - in preparation
18. Parent Program - in preparation
19. Representative Objective Rating Form - training package
20. Teacher Techniques in the Classroom - video tapes
21. Classroom Environment and Experiences - in preparation
22. Utilization of Evaluation Data in Treatment Program - (A separate, detailed training program will be available for program evaluators.)

II. An operating manual:
The Rutland Center Model for Treating Emotionally Disturbed Children -

The manual includes the following chapters:

1. "Rutland Center: A Community Psychoeducational Center for Emotionally Disturbed Children"
2. "The Rutland Center Evaluation System"
3. "Referral and Intake Procedures"
4. "Developmental Therapy"
5. "Implementing the Treatment Model"
6. "Field Services and Community Liaison"
7. "Services to Parents"
8. "The Georgia Psychoeducational Center Network"
9. The appendix includes all copies of instruments used.

III. A second manual on curriculum and teaching techniques will be available by September, 1974

The staff has produced an extensive manual, The Rutland Center Model for Treating Emotionally Disturbed Children, as a basic text which provides a detailed description of all elements of the program, evaluation instruments and procedures used, and an explanation of how to implement them. This test is used for parallel reading with the audio-visual training programs.

As the Georgia Psychoeducational Center Network has grown, so has the need for training. The audio-visual training program has proven a useful adjunct to on-site visits by trainees to the Rutland Center and by personnel from the technical assistance office training at new sites.

All training for teachers and other professionals is conducted first by Rutland's technical assistance staff and then by teaching teams as the trainees progress to a team assignment.

Formal training sessions are typically requested by school superintendents, principals, directors of mental health facilities, or professional groups representing a particular program or organization. On request, the staff will assess the needs of each trainee group and

package the training program in ways most suited to the need of the particular group.

A typical program series might include:

...a slide show overview, and orientation to the Rutland Model and Developmental Therapy.
...Developmental Therapy video tapes, theory and assumptions;
...An overview of the treatment model including child placement, teaching team roles, school contacts and debriefings;
...training for each developmental stage including use of Developmental Therapy objectives and guidelines, teacher techniques and materials, observations, video-tapes, debriefings and discussions with the Center teaching teams;
...discussions of the parent program;
...training on intake procedures including observation at staffings and implementation of data instruments;
...training in psychoeducational testing, and
...training in using and interpreting evaluation instruments.

Following training sessions, the technical assistance staff visits sites which request follow-up training in implementing the Rutland model to evaluate the effectiveness of the training, to assess further training needs and to provide additional training as required.

During 1972-1973, the following types and amounts of pre and inservice training were offered:

1. College classes provided with an orientation to the model and preliminary training materials ...13 classes

2. Training by observation and workshops at Rutland Center
...32 workshops for 221 people

3. Workshops at local schools and day care centers
...58 workshops

4. Training at other sites using Rutland A-V training materials and Rutland staff
...7 workshops for 51 people

5. Training by mailing A-V training materials to other sites to be used by local trainers
...2 sets of materials for 9 people*

6. Approximately 50% of the currently employed personnel in other Network Centers received preservice training at the Rutland Center.

Student Teaching and Internships

Student teaching and internships are natural outgrowths of the preliminary Rutland Center audio-visual training program. These trainees are assigned to be a member of a teaching team (lead, support or monitor), depending upon the stage of training. This assignment fulfills an essential service to the center and, at the same time, provides training of one step in the sequence while serving as prerequisite training for the next

*During 1973-1974 this activity has increased significantly; to date the A-V materials have been mailed and shown 40 times at other sites.

assignment. All forms of practicum training include daily half-hour preparatory meetings with the teaching team before each class and daily debriefing sessions afterwards. At the debriefings the teaching teams discuss what happened in class and exchange impressions and feelings. The monitor, who is able to more objectively assess the activities from the observation room, provides feedback to all members of the team, including trainees. This feedback reviews general trends in group functioning, appropriateness of materials and activities, the relationship of activities to each child's individual needs, the quality of teacher verbalizations, the type of physical interactions, emotional reactions, and the successful implementation of the Developmental Therapy objectives.

Other regularly scheduled meetings provide parallel training of a more didactic nature. The entire treatment staff meet weekly to discuss problems and participate in formally planned training sessions. In addition, all staff meet bi-weekly to deal with training issues such as defense mechanisms, how to interpret feelings, or specific handicaps. All students

and other trainees are required to attend the weekly staffings as well where the plans for each entering child and his family are developed.

The Coordinator of Training monitors the growth of each student through the training sequence using the Student Evaluation form (see Figure 7) as a repeated measure each quarter to help a student develop specific competencies. Students rate themselves at the middle and end of each ten-week assignment. The Coordinator rates the student also. Following the two independent ratings they confer to agree upon a final rating for that particular rating period. These final ratings are summarized over time and show a student's progress during the series of assignments. A sample student's summary is shown on Figure 8. A typical, year-long program, for a graduate student in Special Education is outlined in Figure 9.

During 1972-1973, fourteen graduate students participated in practicum at the Rutland Center; thirteen students participated in internships and two conducted special projects and/or dissertations.

Figure 7

STUDENT EVALUATION FORM

M.ED. PROGRAM FOR TEACHERS OF DISTURBED CHILDREN

DIVISION FOR EXCEPTIONAL CHILDREN
UNIVERSITY OF GEORGIA

CORE COMPETENCIES TO BE DEVELOPED IN E.D. TRAINING PROGRAM

1. Observing - to develop skill in seeing and understanding child's needs, strengths, weaknesses, what makes him comfortable or not, what he values, and total communication (verbal and non-verbal).

2. Evaluating and Assessing - to develop skill and knowledge in selecting and administering formal and informal tests to obtain reliable and valid information for a full assessment of the child.

3. Planning - to develop skill in planning an effective psychoeducational program based upon the unique needs of each child and one which moves the child toward those chosen goals.

4. Teaching - to develop skill in presenting and maintaining psycho-educational curriculum in a creative manner which maximizes its effectiveness upon the child.

5. Communicating - to develop skill in keeping accurate written records and in orally communicating in a meaningful way.

6. Professional Functioning - to develop skill in dealing with parents, administrators, professional peers in a meaningful, satisfactory manner.

7. Relating - to develop skill in establishing, with disturbed children, a feeling of warmth, trust, security and respect for their individuality.

8. Self-Starting - to develop commitment to independently initiate action (when appropriate) related to perceived needs, to seek out new methods, and to carry out until judgment dictates change.

9. Self-Monitoring - to develop commitment to evaluate one's own reactions when dealing with others, and to remain open to new insights about one's self coming from within or from others.

10. Self-Adjusting - to develop skill in adjusting to ever-changing situations, concepts, and individual personality factors.

Figure 7 (cont.)

STUDENT EVALUATION FORM

CORE SKILL RATING SHEET

Student _____ Practicum: Begin. Middle End

Supervisor _____ 1st Internship: Middle End

Date _____ 2nd Internship: Middle End

Amount of time student was observed (Check one).
Once a day____; 3 X per week ____; once a week ____; other ____(state frequency).

Student Rating	Supervisor Rating	Final Rating
Core Skills	Core Skills	Core Skills
1._____	1._____	1._____
2._____	2._____	2._____
3._____	3._____	3._____
4._____	4._____	4._____
5._____	5._____	5._____
6._____	6._____	6._____
7._____	7._____	7._____
8._____	8._____	8._____
9._____	9._____	9._____
10._____	10._____	10._____

Comments:

Key: 1- competency is adequate for use in the field; 2 - competency is adequately developed for stage of training; 3 - competency is not adequately developed for stage of training; X - no basis for judgment.

Figure 8

Sample Summary of Student Ratings on
Core Competencies from
Practicum through Internship

Name: (Sample)

Core Skills	Student Ratings						Supervisor's Ratings					
	Practicum		Internships 1st		2nd		Practicum		Internships 1st		2nd	
	Mid	End	Mid	End	Mid	End	Mid	End	Mid	End	Mid	End
1. Observing	2	2	2	1	1	1	2	2	2	1	1	1
2. Evaluating	3	2	1	1	1	1	3	2	2	2	2	2
3. Planning	3	2	1	2	2	1	3	3	3	2	2	1
4. Teaching	2	2	2	1	2	1	X	2	2	2	2	1
5. Communicating	2	2	1	1	1	1	3	2	2	2	2	1
6. Professional Functioning	2	2	1	2	2	1	X	2	2	2	1	1
7. Relating	2	2	2	1	2	1	2	2	3	2	2	2
8. Self-Starting	1	1	1	1	1	1	2	1	1	2	2	1
9. Self-Monitoring	2	1	1	1	1	1	2	2	2	1	1	1
10. Self-Adjusting	2	2	2	1	1	1	2	2	2	2	1	1

Key:

1- competency is adequate for use in the field; 2- competency is adequately developed for stage of training; 3- competency is not adequately developed for stage of training; X - no basis for judgment.

Figure 9

SAMPLE SCHEDULE FOR A GRADUATE STUDENT
IN TRAINING AT RUTLAND CENTER

Fall Quarter (Practicum)	1. Rutland Center A-V Training Program with case materials, and Pre-Post tests
	2. Observations of classes for each stage of Developmental Therapy
	3. Orientation to confidentiality, professional responsibilities and ethics.
	4. Observation and participation in psychoeducational testing of referred children; participation in staffing and program planning using the Developmental Therapy Curriculum; use of evaluation instruments
	5. Some crisis work
Winter Quarter (First Internship)	1. Assignment to a daily treatment team as <u>support teacher</u>
	2. Daily team debriefings
	3. Weekly staff meetings Weekly meetings with Coordinator of Training
	4. Use of Developmental Therapy objectives in developing individual and group programs.

Figure 9 (cont.)

SAMPLE SCHEDULE FOR A GRADUATE STUDENT
IN TRAINING AT RUTLAND CENTER

Spring Quarter (Second Internship)	1. Assignment to a daily treatment team as lead teacher
	2. Daily team debriefings
	3. Weekly staff meetings Weekly meetings with Coordinator of Training
	4. Use of Developmental Therapy objectives in developing individual and group programs.
Summer Quarter (Optional)	1. Post graduate work as a Monitor-Intern
	2. Parent Interviewing for referred child
	3. Home-based programs will establish parents with parallel programs for parents to implement, using Developmental Therapy objectives.

Consultation and Staff Training in Evaluation

These services are primarily of three types:

1. Consultation with a center evaluator and director regarding the evaluation design and implementation procedures.

2. Training of program evaluators in data gathering procedures.

3. Evaluative site visits with a follow-up program critique.

During 1972-1973 consultations, site visits and evaluation training services were provided to all seven operating centers in Georgia. Twenty site visits were conducted throughout the year which were especially related to training in the program evaluation system. In addition, program evaluators at all seven operating centers were trained with the A-V training packages in Evaluation.

Dissemination of Information

Rutland Center staff are involved in a number of demonstration and dissemination activities including conferences, distribution of printed materials and visits to the Center at the request of local, state

and national agencies, mental health and educational professionals, other programs for emotionally disturbed children, and day care and public school teachers.

These activities, for 1972-1973, included:

... 389 planning conferences regarding the model

... 62 speeches or papers presented

... 247 visitors to the Center

... 500 manuals distributed upon request

... 201 descriptive materials mailed

BUDGETS

In 1972-1973 Rutland Center was jointly funded by the Georgia Department of Education and the Georgia Department of Human Resources, Division of Mental Health ($163,000 administered through the Clarke County School District). In addition, the Georgia Department of Education and the U. S. Office of Education, Bureau of Education for the Handicapped provided funds for technical assistance and demonstration preschool services ($202,000 administered through the University of Georgia). These funds included development of curriculum and evaluation procedures, development of training sequences and accompanying audio-visual material in addition to direct services to emotionally disturbed children and their families. Annual per pupil cost is about $1,080 (including service to families). Average length of treatment is 39 weeks (one calendar year).

APPENDICES

Appendix A, Parts 1 and 2

Evaluation Data for a Sample Group of Terminated Preschool Children.

Appendix B

Annual Administrative Report for Rutland Center, 1972-1973.

APPENDIX C

Representative Letters of Involvement and Interest in the Rutland Center-Developmental Therapy Model from Other Professionals.

APPENDIX D

Administrative Personnel.

APPENDIX A

Parts 1 and 2

Evaluation Data for a Sample Group of

Terminated Preschool Children

Appendix A, Part 1

Sample Group of Terminated Preschool Children

AVERAGE PERCENT OF DEVELOPMENTAL THERAPY OBJECTIVES MASTERED BY CHILDREN TERMINATED DURING 1972-73 (N=20)*!

		Level 1	Level 2	Level 3	Level 4	Level 5
Behavior	PRE	89.4	36.5	4.5	--	--
	POST	97.2	53.1	12.2	2.5	--
	Net Gain or Loss	+7.8	+16.6	+7.7	+2.5	--
Communication	PRE	75.2	34.7	6.7	--	--
	POST	98.7	64.3	18.7	4.2	--
	Net Gain or Loss	+23.5	+29.6	+12.0	+4.2	--
Socialization	PRE	70.6	31.6	5.7	.9	--
	POST	95.2	70.8	21.4	1.7	--
	Net Gain or Loss	+24.6	+39.2	+15.7	+.8	--
Academics	PRE	78.5	35.7	8.7	.7	--
	POST	96.4	60.8	25.5	3.8	--
	Net Gain or Loss	+17.9	+25.1	+16.8	+3.1	--

I.D.#'s of children included

00500 00510
00327 00303 00302
00501 00283
00287 00129 00362
00250 00465 00232
00310 00491 00347
00179 00343
00273 00059

* $\bar{X}$ = 5.63 years at time of termination
S = 1.10

! Two children (00479 and 00505) were rated only once and would not be included in this comparison.

APPENDIX A, Part 2

Sample Group of Terminated Preschool Children

CHILDREN WHO WERE TERMINATED DURING 1972-1973 (N=20)*

PERCENT OF CHILDREN WHO MANIFESTED CHANGE
IN DIRECTION OF OBSERVED BEHAVIORS
FROM 2nd & 3rd WEEKS OF FIRST QUARTER CHILD ATTENDS UNTIL
8th & 9th WEEKS OF LAST QUARTER CHILD ATTENDS

Behavioral Item	Increase Percent of Children Pre to Post	Decrease Percent of Children Pre to Post	No Change Percent of Children Pre to Post	Behavioral Item Not Observed Percent of Children Pre to Post
Observes While Another Talking (OT)	60%	35%	5%	-
Receives Physical Contact (CR)	40%	40%	10%	10%
Works (W)	50%	50%	-	-
Verbalizes (V)	60%	35%	5%	-
Verbalizes in Response (VR)	40%	50%	-	10%
Parallel Play (P+)	10%	40%	-	50%
Play (P)	45%	45%	-	10%
Non-Directed Activity (N)	25%	35%	-	40%
Removál from View by Teacher (//)	15%	20%	-	65%
Observes (O)	60%	35%	5%	-
Physical Activity (A)	55%	20%	-	25%
Removal from View by Self (/)	35%	45%	-	20%

*2 children had incomplete data because they were here only part of one quarter.

I.D. #'s of Children Included

00059	00273	00327	00479
00129	00283	00343	00491
00179	00287	00347	00500
00232	00302	00362	00501
00250	00303	00465	00510

Chronological Age

X= 5.63 years at termination
s= 1.10 years

quarters in classes

X= 3.90 quarters
s= 2.22 quarters

APPENDIX B

Annual Administrative Report for Rutland Center, 1972-1973

APPENDIX B

ANNUAL REPORT

RUTLAND CENTER

SERVING

NORTHEAST GEORGIA

Barrow	Madison
Clarke	Morgan
Elbert	Oconee
Greene	Oglethorpe
Jackson	Walton

Counties

July 1, 1972 - April 30, 1973

Mary M. Wood

Mary M. Wood, Ed.D.
Director

William W. Swan

William W. Swan, Ed.D.
Coordinator of Evaluation

APPENDIX B, PART 1

Rutland Center 10 month Annual Report
July 1, 1972 - April 30, 1973

OBJECTIVES DOCUMENTATION

Figure 1

Objectives, Procedures, Outputs
for Services to Children

Objective 1. Identify children in the community needing psychoeducational services.

Procedures	Outputs
1. Prepare descriptive brochures of services.	1. 15 (No List) (This effort conducted during FY '72 and continued this year)
2. Contact existing programs to tell about center.	2. 110 contacts; multiple contacts to 16 preschool, 14 kindergarten, 3 nurseries, 2 day care centers.
3. Participate in leadership ways with various community child-serving groups.	3. Athens Area Association for Retarded Children AAAPC Athens-Clarke County Mental Health Assoc. (Nominating Committee) ACCMHA Georgia Mental Health Association GMHA Rutland Representative to Georgia Inter-Agency Committee for Exceptional Children GICEC Georgia Association for Young Children GAYC National Assoc. for Education of Children NAEYC People's Committee to Save the Children PCSC (local)
4. Identify child appropriate for center program, using screening criteria.	4. 166 screened.

5. Assess children's strengths and weaknesses via psychodiagnostic evaluations.	5. 102 psychological testings, 104 educational testings, 57 psychiatric evaluations.
6. Make alternate referral on those children seen as not appropriate for center services.	6. 10 referred to other agencies.
7. Assess family effectiveness as it relates to child's adjustment.	7. 91 Parent intake interviews.

Figure 1 (Cont.)

Objective 2, Conduct classes for 75 disturbed children, 2 hours daily, 8 hours weekly.

Procedures	Outputs
1. Plan psychoeducational program for child and his parents.	1. 199 Staffings (of which 85 are restaffings)
2. Children grouped in accord with diagnostic findings.	2. 119 children served in 11 to 13 classes (up to 75 children during any one quarter), 1 1/2 hours per day, 4-5 days per week.
3. Classes set up.	3. 11-13 classes, varies over quarter.
4. Teachers assigned.	4. Therapists, paraprofessionals, volunteers, 26-28 total per quarter.
5. Monitors assigned.	5. 1 per class, from 11-13 monitors, varies over quarter.
6. Individual therapy objectives established for each case and class.	6. 206 sets of individual objectives established, 33 sets of class objectives established.
7. Transportation planned.	7. School buses, mini-bus, car pool, taxi, parents transportation.
8. Treatment evaluation, observational data summary.	8. 119 children observed with 911 sets of observation.
	9. Final Report: Description of children served and progress in therapy. See Treatment Data, Demographic Data.

Figure 1 (Cont.)

Objective 3. Implement Infant Program, serving approximately 80 infants, ages 3 months-3 years.

Procedures	Outputs
1. Do developmental assessments of infants, using Gesell's Developmental Scale.	1. 11 formal and 3 informal evaluations. No lags detected.
2. Identify areas of developmental lags.	2. None
3. Identify areas of accelerated growth.	3. None

Figure 1 (Cont.)

Objective 4. Provide therapy as a major treatment method.

Procedures	Outputs
1. Set up meetings for staff.	1. 26 Staff training sessions in therapy.
2. Set up therapy objectives for each child in a treatment folder.	2. 119 Treatment folders set up and located in observation rooms for each classroom.
3. Locate treatment folders in observation room to each classroom.	3. 119 treatment folders placed (placement revised every quarter).
4. Rate each child on objectives at 5-week intervals.	4. 140 ratings on 119 children 5-week (6th week in summer) period. RORF. 52 children rated on Baseline RORF.
5. Provide input and feedback from teachers of each level concerning curriculum.	5. 110 Children rated at 10-week periods.
	6. Final Report: Description of procedure and activities used in therapy. Forthcoming in "Curriculum Guide" in August, 1973.
	7. See also, staff training
	8. Approximately 1520 debriefing sessions, 38 classes in three quarters with 40 debriefings/ quarter).

Figure 1 (Cont.)

Objective 5. Provide a variety of parent services to each parent of a child enrolled at the center.

Procedures	Outputs
1. Parents given Parent Program descriptions at time child is enrolled in program.	1. 91 Parents, or sets of parents, seen at intake.
2. Parents scheduled.	2. 1085 qppointments
3. Parents participate in selected service.	3. 238 sets of parents whose children enrolled in treatment. 114 appointments with 68 sets of parents whose children were terminated.

Figure 1 (Cont.)

Objective 6. Provide parent services to parents or parent substitutes for infants.

Procedures	Outputs
1. Do developmental assessments of infants, using Gesell's Developmental Scale.	1. 14 Parents seen
2. Identify areas of developmental lag.	2. Part of parent services for each parent.
3. Identify areas of accelerated growth.	3. Part of parent services for each parent.
4. Chart child's behavior on Infant Program's Developmental Profile, based on Gesell's Developmental Scale.	4. Part of parent services for each parent.
5. Discuss developmental milestone with parents.	5. Part of parent services for each parent.

Figure 2

Objectives, Procedures, Outputs for School Liaison and Other Community Services

Objective 1. Provide follow-through services for the children either in day care or school settings.

Procedures	Outputs
1. Identify children needing follow-up from staffing or re-staffing notes.	1. and 2. 41 children in program being followed up each week in school (15 or more contacts during reporting period of 10 months)
2. Determine intervals child and/or teacher should be contacted.	40 children in program being followed up every 2-3 weeks (10-14 contacts during reporting period) (Other children receiving school contacts on an as needed basis.)
3. Schedule center field contact.	3. Indicated by output #6.
4. Coordinate schedule of field contact with that of school.	4. Indicated by output #6.
5. Feedback of treatment program--all relevant information.	5. 88 education planning conferences.
6. Coordinate school follow-through efforts with other school personnel and/or agencies involved.	6. 2520 field contacts.
	7. Final Report, summarizing activities follow through. (See Operating Manual)

Figure 5

Objectives, Procedures, Outputs
for Training Activities

Objective 1. Coordinate training programs with Technical Assistance Office and cooperating colleges and universities.

Procedures	Outputs
1. Plan with university faculty.	1. 61 meetings with Dr. Alper (Div. of Exc. Children) and Dr. Graham (Music Therapy), Dr. Hunt, Dean Williams, Dr. David Levine, Ms. Kay Bigham,(SW) Dr. Best Richmond, Dr. Donald Bersoff (Ed.Psych)
2. Have Coordinator of Training meet with university classes.	2. 20 meetings with UGA classes.
3. Define goals and skills needed at center.	3. See Attached.
4. Provide orientation to center	4. 17 meetings.
5. Plan for individual student placements.	5. 72 meetings. (Dates from meetings by Coordinator of Psycho-educational Services and Coordinator of Training)
6. Individual debriefing sessions related to treatment.	6. 70 debriefing sessions held with students and staff

Figure 5 (Cont.)

Objective 2. Conduct training program for all center staff and volunteers.

Training sessions given in the following areas:	Training sessions conducted and evaluated.
1. Administrative procedures and staff responsibilities.	1. 14 sessions (UTP for all staff, other meetings with students) (No evaluation)
2. Treatment orientation.	2. 11 UTP sessions, 30 other sessions, staff and students. D.T. pre-post test and revision used.
3. Therapy activities and procedures for children.	3. 8 UTP sessions, 4 other sessions, 26 student sessions (Observation and training) (No evaluation)
4. Therapy practices and procedures for parents.	4. 1 UTP session, 19 other sessions (No evaluation)
5. Intake processes.	5. 11 sessions with new staff and for students (No evaluation)
6. Group dynamics as related to therapy.	6. 25 sessions (No evaluation)
7. Psychological evaluations.	7. 1 session with practicum student (No evaluation)
8. Educational evaluations.	8. 35 sessions with students No evaluation)
9. Parent-teacher conferences.	9. 1 UTP session, 10 other sessions (No evaluation)
10. Evaluation procedures.	10. 2 UTP sessions, 11 sessions for students.
11. Theory & research of Play and implications for Developmental Therapy.	11. 5 sessions

See next page

Objective 3. Conduct in-service staff training.*

Procedures	Outputs
12. Weekly component meetings for treatment teams.	12. 33 sessions (No evaluation)

* Same as Objective 2, previous page.

Objective 4. Conduct volunteer training.

Procedures	Outputs
1. Volunteer training sessions.	1. 24 Training sessions for volunteers.
2. Daily individual debriefing sessions with teacher and monitor	2. 115 Individual treatment team sessions held.

Objective 5. Recruit paraprofessional assistants from* untrained high school graduates with skills for relating to children.

Procedures	Outputs
1. Staff contacts high school counselors and recreation program to describe center and job possibilities.	1. Model Cities 3; Athens Vo Tech 2, Public Health Nurses 1, Lyons Jr. High 1.
2. Staff demonstrates center procedures to interested individuals.	2. 6 demonstrations for paraprofessionals.
3. Interested individuals interviewed by center director and professional staff.	3. 30 individual interviews.
4. Staff observes each applicant interacting with children.	4. Only 2 observed interacting with children.
5. Director and professional staff meet to evaluate candidates' credentials	5. 30 candidates listed in rank order by selected positions.
6. Applicant meets with director and training coordinator to plan training objectives and procedures.	6. Included in other training programs. No special programs for paraprofessionals.

* Active recruitment and training of paraprofessionals was curtailed due to funding cuts.

Objective 6. Conduct in-service training for paraprofessional staff for the purpose of increasing skills in working directly with severely disturbed children.

Procedures	Outputs
1. Paraprofessional staff participates in universal training program with all staff.	1. Participates in all staff training sessions. No ratings obtained.
2. Participates in observation of programs.	2. 40 sets of observation.
3. Paraprofessional staff participates in individual or group training sessions with director or coordinator of training, weekly.	3. Participates in regular staff training.
4. Paraprofessional staff participates in daily monitoring and debriefing activities with other members of the treatment team.	4. 787 sessions, 595 hours for debriefings.
	5. Verbal evaluation only of paraprofessional progress.

Objective 7. Provide paraprofessional staff with opportunity for obtaining improved credentials or college degree and teacher certification.

1. Provide staff with information on available and relevant area technical schools and college programs.	1. Bibliographies available for staff reference.
2. Counsel paraprofessional staff on goals and opportunities for advancement.	2. 56 counseling sessions held.
3. Assist paraprofessional staff in admission procedures and program planning.	3. 1 reference letter written.
4. When enrolled in program leading to another credential or degree, released time will be provided for para-professional staff to attend one course per day.	4. 5 enrolled in courses, both in Special Ed. and other areas.

APPENDIX B, PART 2

RUTLAND CENTER
ATHENS, GEORGIA

For 1972-1973 FY
May 18, 1973
26 of 51 (51%) Returned

PRINCIPAL QUESTIONNAIRE SUMMARY

Questions	Answers			
	Positive	Negative	Neutral	No Answer
Question #1: Are you satisfied with current arrangements between your school and Rutland Center?	17 (65%)	8 (31%)	-	1 (4%)

Question #2: What could be improved?	Suggestions for Improvement	Comments	No Comments
	12 (46%)	10 (38%)	4 (16%)

Question #3: Could you use observation or training workshops sponsored by Rutland Center for teaching techniques of working with emotionally disturbed children, either at the Center or in your school, and would you participate in the planning for such workshops?	Yes	No Comment	No Answer
	21 (81%)	2 (8%)	3 (11%)

Question #4: Would you like more information about Rutland Center and its objectives in dealing with emotionally disturbed children?	Yes	No	No Comment	No Answer
	20 (77%)	4 (16%)	2 (7%)	-

Question #5: Do you find educational planning conferences helpful?	Yes	No	No Comment	No Answer
	21 (81%)	2 (7%)	3(12%)	-

Question #6: Would you like to observe children from your school at Rutland Center?	Yes	No	No Comment	No Answer
	22 (81%)	2 (8%)	2 (8%)	-

Question #7. Have there been particular behavior changes in the children participating in the Rutland Center program? (Cite instances, if possible)	Yes with particular examples	Yes without particular examples	Comment	No Comment
	9 (36%)	7 (28%)	1	6 (24%)
	No with particular example		No without particular example	
	2 (8%)		1 (4%)	

Question #8. Do you think Rutland Center is the appropriate agency to meet these children's needs? (Please cite exceptions)	Yes	Don't know	No Comment
	20 (77%)	2 (8%)	4 (15%)

Question #9: Other comments, questions, suggestions, etc.	Suggestions	No Comment
	5 (19%)	21 (81%)

APPENDIX B, PART 3

RUTLAND CENTER
Athens, Georgia

For 1972-1973 FY
May 18, 1973

CLASSROOM TEACHER QUESTIONNAIRE SUMMARY*

Questions	Answers				
Question #1: Have you noticed behavior changes in children from your class participating in the Rutland Center Program? (Cite instances, if possible)	Appropriate Changes: 46 (62%)	Little, None, or Negative Change: 13 (17%)			
	No Children Attended: 1 (1%)	Comment: 3 (4%)	No Answer: 12 (16%)		
Question #2: Are educational planning conferences at Rutland Center helpful to you?	Yes with a comment: 30 (40%)	Yes without comment: 2 (3%)			
a) If yes, why?	No with a comment: 7 (9%)	No without a comment: 0			
b) If no, why not?	No comment: 12 (16%)	Comments-attending no conferences: 24 (32%)			
Question #3: Is the transportation schedule satisfactory? (If no, please suggest changes)	Yes: 44 (58%)	No: 1 (2%)	No with Suggested Changes: 11 (15%)	Comments: 19 (25%)	
Question #4: How many times have you been able to observe your pupils at Rutland Center this year?	None: 60 (80%)	One: 5 (7%)	Two: -	Three or More: 2 (3%)	No Answer: 8 (10%)
Is there anything Rutland Center can do to facilitate your observation of pupils?	Suggestions: 23 (31%)	No Answer: 52 (69%)			
Question #5: Is communication between you and Rutland Center adequate? If not, would you suggest which of the following increased: conferences, letters, school visits, etc.	Yes: 37 (50%)	No: 1 (1%)	No with Suggestions for Increases: 28 (37%)	No Answer: 9 (12%)	
Question #6: How many visits have you had from Rutland Center Staff?	None: 2 (3%)	One: 6 (8%)	Two: 10 (13%)	Three or More: 53 (71%)	No Answer: 4 (5%)
Question #7: We would appreciate any other comments, suggestions, questions, etc. (Use Back of Questionnaire)	Positive: 19 (25%)	Negative: 17 (23%)	Neutral: 5 (7%)	No Answer: 34 (45%)	

* 75 of 138 (54%) Returned.

APPENDIX C

Representative Letters of Involvement and Interest in the Rutland Center-Developmental Therapy Model from Other Professionals

William C. Dillard
Director

School District Of Oconee County

Comprehensive Day Care Program

P. O. Box 86
West Union, S. C. 29696
Telephone 638 - 9516

October 30, 1973

William W. Swan, Ed. D.
Coordinator of Evaluation
Rutland Center
698 North Pope Street
Athens, Georgia 30601

Dear Dr. Swan:

We wish to inform you of our progress in duplicating the Rutland Model. We are currently operating two sessions for preschool children who have emotional problems. The Stage I class has one child currently in therapy and the Stage II class has five children currently in therapy. We are following the three member team approach with a lead teacher, Keese Bowen, a support teacher, Susan McManus, and a monitor, Judy Metcalf. Our monitor handles the parent work, the lead teacher is in charge of school liason, and the support teacher is in charge of the record keeping. We are currently working on a plan to utilize all evaluation tools but currently are only using the RORF and the RFCL. We plan to use the SWAN later when we can get additional clerical aid. Ann Stafford is currently coordinating team efforts and conducting the staffings each Tuesday. Referral, intake and staffings follow the Rutland Model with the exception of the lack of a child psychiatrist to attend staffings. School liason is maximum since the lead teacher has a good working relationship with the teachers. Parent services are conducted by a social worker and are minimum.

Enclosed is a page indicating roles and our replication efforts.

Sincerely,

WCDillard

William C. Dillard
Director

WCD:pdp

Enclosure

PLAINVIEW-OLD BETHPAGE PUBLIC SCHOOLS
CENTRAL SCHOOL DISTRICT NO. 4
PLAINVIEW, NEW YORK 11803
516-938-5400

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Director, Pupil Personnel
SEYMOUR B. FORMAN
School Business Administrator

November 6, 1973

Dr. William Swan
Technical Assistance Office
Rutland Center
698 N. Pope Street
Athens, Georgia 30601

Dear Dr. Swan:

It was good talking with you last Friday, and I have reminded Reggie Levine about submitting her expense report.

I want you to know that we returned to New York with a great deal of excitement as we anticipated telling our department about the Rutland Center Model. On a personal level, however, we were both overwhelmed with your hospitality and were very gratified by the attention and preparations made by yourself, Faye Swindle and Tony Beardsley. I am looking forward to the next opportunity for meeting with you.

On Thursday, November 1, Reggie and I met with the Special Education Department of the school district and described to them the Rutland Model and the implications for our involvement in the replication of aspects of it. Though there was much interest, I got the distinct impression that the department will want further information. They asked to see some of the audio-visual materials which you have available. Accordingly, we would like to view the following audio-visual training packages next departmental meeting, which is scheduled for Thursday, November 15. (or as soon as possible thereafter.) We would like to retain the tapes for at least one week.

1. Developmental Therapy - Theory and Assumptions.

2. Treatment Model Overview - Stages of Therapy. "Growing Step By Step."

3. Dr. Wood's tape on the Representative Objective Rating Form. (RORF)

Either I or Dr. Gawrys will be writing to you again shortly with regard to concrete plans for utilization of the Rutland Model. For

ourselves, Reggie and I have already started looking at her students within the framework of the developmental model.

With best regards.

Sincerely,

David J. Kirsh
School Psychologist
Special Education

DJK:cvk

79 continued

Rcd 11/16/73

SPECIAL SCHOOL DISTRICT NO. 1

MINNEAPOLIS PUBLIC SCHOOLS

AN EQUAL OPPORTUNITY EMPLOYER

MADISON SCHOOL
1509 5th Avenue South
Minneapolis, Minnesota 55404

SPECIAL LEARNING AND BEHAVIOR PROBLEMS
PROGRAM DIRECTOR 332-2684
SOCIAL WORKER 332-2781

November 14, 1973

Dr. William Swan
Rutland Center
698 N. Pope Street
Athens, Georgia 30601

Dear Dr. Swan:

This is to bring you up to date on our current plans for the replication project with our preschool groups. The relevant information has been disseminated to the teachers and discussions have led to:

I. Service to children - two half day preschool classes (maximum of six children each) will implement the Developmental Therapy Model. The team will include the teacher, aide and program coordinator. Also the regular classroom kindergarten teacher with one of the preschool classes.

II. Service to parents - a minimum of one contact with each child's parents will be made per ten weeks. Also, parent group meetings are held one evening a month.

III. Evaluation - The program will utilize the Referral Form Checklist, the Representative Objective Rating Forms, the Systematic Who-To-Whom Analysis Notation forms, and the Parent participation forms.

Plans have been made for staff training with a Rutland consultant on December 5, 6 and 7. Tentative target dates for implementation are mid-December or early January, 1974.

A schedule for the three day training session will be following this letter in a few days.

Reservations have been made for Mr. Beardsley at the Holiday Inn Central in Minneapolis. His estimated arrival time is between 8:00 and 9:00 p.m. on December 4. There is an Eastern non-stop flight from Atlanta that arrives at Twin City International at 7:55 p.m.

Preparations are well under way here and we are looking forward to seeing Tony. Thank you for sending the Objectives pamphlets. We are already using them.

Sincerely,

Sheldon Braaten

Sheldon Braaten
Acting Program Coordinator

SLB:vb

80 continued

UNIVERSITY OF SOUTH FLORIDA
TAMPA • ST. PETERSBURG

Exceptional Child Education
Emotionally Disturbed Program
FAO 154
Tampa, Florida 33620

November 8, 1972

Dr. Mary M. Wood
Rutland Center
698 North Pope Street
Athens, Georgia 30601

Dear Dr. Wood:

I would like to secure your permission to use the materials you have developed and use at the Rutland Center. I plan to use the material in the instruction of new teachers, upgrading the skills of inservice educational personnel, and in university service programs with children. Credit for development of this material will be given to you and Rutland Center both during their use and in any possible publications resultant.

My knowledge of this material and its effectiveness in usage leads me to consider them as uniquely relevant to dealing with children in a paradigm of growth and deficits in same. My congratulations to you for developing practical material based upon the developmental approach.

Respectfully,

H. Allan Sproles, Ed.D.
Assistant Professor
Exceptional Child Education
Emotionally Disturbed Program

MUSIC THERAPY CENTER

Also Known As

CREATIVE ARTS REHABILITATION CENTER, INC.

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Florence Tyson, R.M.T.

November 8, 1973

Mary M. Wood, Ed.D.
Associate Professor
University of Georgia
Division of Exceptional Children
Athens, Georgia 30601

Dear Dr. Wood:

I attended the 24th Annual Conference of the National Association for Music Therapy in Athens last week, and was deeply impressed by your program at the Rutland Center and how music therapy principles have been incorporated into it. The music therapy phase of your basic Model provides a very solid approach for our field.

Then, yesterday, during a meeting with Paul Ackerman in Washington, he suggested that I write you to request copies of the curricula you have devised for Developmental Therapy and its Music Therapy component. Paul felt that a deeper understanding of the concepts involved in your Model might assist Music Therapy Center efforts to enlist State and City support here in New York.

If you plan to disseminate continuing or further information about the Rutland Center program, we would appreciate being placed on your mailing list.

Looking forward to hearing from you, I am,

Very sincerely,

Florence Tyson, R.M.T.

Florence Tyson, R.M.T.
Executive Director

FT:rr

milwaukee public schools

DIVISION OF CURRICULUM
AND INSTRUCTION

administration building
5225 west vliet st. p.o. drawer 10k
milwaukee, wisconsin 53201
area 414:475-8162

DEPARTMENT OF PSYCHOLOGICAL SERVICES

October 6, 1972

Dr. Mary Margaret Wood
Project Director
Rutland Center
Athens, Georgia

Dear Dr. Wood:

Hello! We met last Spring when I invited myself to see your program. I continue to see possibilities for application of your Developmental Therapy approach in the Milwaukee Public Schools.

I find I have three opportunities to spread the Dr. Wood's Developmental Therapy message and perhaps by so doing begin to implement the concepts in actual ongoing projects: 1) Kiwanis Children's Center, 2) an inservice training series with the ESEA psychologist in Milwaukee Public Schools, and 3) in the Preschool project to which I am assigned.

We spoke last Spring about Rutland Center forwarding to me: 1) use of the video tape you did in Atlanta (ETV?) on Developmental Therapy, and 2) a curriculum guide you were then developing.

Is it possible to regenerate this offer for implementation in Milwaukee this Fall?

I'd appreciate any further information which you might see as useful in this effort.

Sincerely,

Mary Ann Persons

(Mrs.) Mary Ann Persons
School Psychologist

MAP:dw

THE SAINT PAUL PUBLIC SCHOOLS

Independent School District No. 625

Saint Paul, Minnesota

Dr. William W. Swan
Coordinator of Education
TAPEC
Rutledge Center
698 North Pope St.
Athens, Georgia 30601

Dear Dr. Swan:

I am writing in response to your letter of January 26, 1973 to Dr. Shirley Pearl in which you outlined the Rutland Center-Developmental Therapy Model for serving previously unserved handicapped preschool children. The total Rutland Center service model is most impressive. Portions of the model provide a feasible approach to serving a population within St. Paul with presently unmet needs which has concerned us greatly, namely, preschool and primary age autistic and other severely emotionally disturbed children. Thus, I was delighted when Dr. Pearl directed my attention to your work in Georgia.

It is our intention to establish in 1973-74 a program in the St. Paul Schools for preschool and primary grade severely emotionally disturbed children including but not limited to those diagnosed as autistic. The program to be established will replicate the therapeutic classroom and family treatment aspects of the Rutland Center program. It will also coordinate with available supportive services within the community and schools.

Therefore, I am requesting that the St. Paul Public Schools be considered to receive technical assistance from the Rutland Center as we implement the above named portion of the Developmental Therapy Model.

The following information concerning the St. Paul Schools and the proposed replication program is submitted to more fully explain our situation. If additional information is needed to fully consider our request for technical assistance, we shall be most happy to furnish it upon your request.

1. Administrative unit to conduct the program:

The planned program will be conducted by the Department of Special Education within the St. Paul Public Schools. Specifically, it will be administered through the Special Learning-Behavior Problems section of the department.

2. Preschool children identified or suspected of having special program needs:

There have been variously identified approximately 14 young autistic youngsters (CA 4-8) in the school district. With a systematic search, it is conservatively estimated that 25-30 such children ages 2-8 need service locally. Presently, known school age autistic children are served through (1) referral to residential treatment centers outside the school district, (2) placement in existing school programs for learning disabled, trainable and educable mentally retarded children,

(3) homebound instruction, and (4) school demission. Additionally, a few pre-school children have been placed in pre-school programs for hearing impaired youngsters. None of these solutions has proven satisfactory.

Minnesota state law makes service to emotionally disturbed children mandatory at age 4. Permissive legislation exists for serving younger handicapped children.

3. Possible resources for a program of this type:

a. Human Resources:

Within the Department of Special Education are the school psychologists; school social workers; speech and language therapists; teachers of hearing impaired, emotionally disturbed, learning disabled, mentally retarded, visually impaired and physically handicapped; and occupational and physical therapists. These personnel are accustomed to working in interdisciplinary programs.

b. Related school Programs:

The newly organized Diagnostic Learning Center is currently assembling a multi disciplinary staff whose function will be to assess the learning potentials, functioning levels and appropriate teaching strategies for severely handicapped young children. This unit is provided medical services through Children's Hospital in the city. When fully operational, the Diagnostic Learning Center will serve 40 - 60 children per year.

Children to be served in the proposed replication of the Developmental Therapy Model will be referred by medical sources to the Diagnostic Learning Center. This center will recommend youngsters who should be appropriately placed in the Developmental Therapy programs. The Developmental Program will be coordinated with those of the three special schools and existing resource programs which serve elementary age disturbed-disabled students.

c. Community Resources:

The Children's Hospital and St. Paul-Ramsey County Hospital both provide medical-psychiatric diagnostic services for children. Many fine nursery school and day care programs are available for the concurrent placement of preschool children in the Developmental Therapy program. The school district provides half-day kindergarten for children who are five years old before September.

The Minnesota State Department of Education SLBP consultant is also supportive of innovative intervention programs for severely handicapped children.

4. Possible facilities for a program of this type:

It is anticipated the program will be staffed by two teams, each team to be housed in a regular classroom in elementary schools in separate areas of the city. Two sites are being considered (1) to reduce the amount of time children will be required to ride buses and (2) so that no more than 15 behaviorally disoriented children need be absorbed by any one school into regular primary grade programs.

5. Possible staff for this program:

Two teams will staff the Developmental Therapy program. Each team consists

of (1) one social worker (team leader), (2) one certified teacher of emotionally disturbed children, and (3) one paraprofessional. Additionally, the Diagnostic Learning Center staff will provide child evaluation services. School nurse and school psychology personnel will be assigned to the program on a partial time basis.

6. Other pertinent information:

The St. Paul Public Schools serve 48,000 students. Parochial schools educate 13,000 more students. 6,275 students are in full or part time special education programs. St. Paul is an older city adjacent to Minneapolis, suffering the problems of urban blight. Both cities are surrounded by three tiers of suburban communities. St. Paul has a total minority population of approximately 10% (6% black, 4% essentially American Indian and Spanish-Americans).

The Department of Special Education in the St. Paul Schools maintains close contact with University of Minnesota Special Education training programs. Dr. Frank Wood, acting Chairman of the University of Minnesota Department of Special Education has agreed that a replication of the Rutland Center program for preschool autistic and severely disturbed children would be a valuable training site for masters level trainees in their emotionally disturbed program. Accordingly, students interested in early childhood emotional problems would be placed there for training.

I look forward to hearing from you concerning our application for technical assistance.

Very truly yours,

Charles M. Hagen

Mr. Charles M. Hagen

CMH:DAE:bmc

cc: Ray Holzworth
Shirley Pearl

Amherst H. Wilder Foundation

ST. PAUL, MINNESOTA

November 7, 1973

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ROY C. KNOWLES, M.D., DIRECTOR

Dr. Bill Swan
Rutland Center
698 North Pope Street
Athens, Georgia 30601

Dear Bill,

Please accept my apology for not writing sooner to thank you and Faye and Tony and the entire staff for such a memorable visit.

Mary and I had a good trip back, but I have not had an opportunity to talk with her since our return.

Mrs. Marilynn Lee of the Child Guidance Clinic is arranging a meeting of the people who visited Rutland Center from St. Paul to exchange impressions and ideas gleaned from their visit to the Center.

I have received several memos from Wilder people who visited Rutland Center expressing their impressions of the Center and the concept of Developmental Therapy. You might be interested to know that Dr. Knowles was quite enthusiastic about the model and cited several options that might be suitable for Wilder and St. Paul. He also stated that, "I think that discussion should go forth expeditiously" in describing implementation of the options.

I certainly do hope that Wilder will be able to implement some aspects of the Rutland Center Model. I know I intend to use the objectives and RORF rating sheets in my own classroom. Incidentally, I would like a copy of the revised RORF since the sample in the Manual is the old form.

You will probably be meeting another friend of mine from the East Metro area. I talked with Chuck Wrobel (Special Needs Director Vo-Tech #916) last week. Chuck is planning to visit

your Center on December 6th, with the thought that this might be an appropriate model for the TMR classes of #916.

Please give Dr. Wood my fondest regards. She is such a lovely person. Also, would you please send me Dr. Peggy Petit's Center name and address.

Thank you all again for your hospitality and the opportunity to learn about Rutland Center and Developmental Therapy.

Sincerely,

Joanne Swenson

(Mrs.) Joanne Swenson

JS/lr

APPENDIX D

Administrative Personnel

APPENDIX D

ADMINISTRATIVE PERSONNEL

Project Director

Mary Margaret Wood, Ed.D., received her doctorate from the University of Georgia and did post-doctoral training at Hilcrest Children's Center in Washington, D. C. On the faculty of the University of Georgia since 1963, Dr. Wood established the first teacher training program in Georgia for the preparation of teachers of emotionally disturbed children. For six years she directed the University's Special Education Clinic for Disturbed Children. She is presently Associate Professor of Special Education at the University of Georgia and is the author of the Rutland Center model and Developmental Therapy.

Coordinator of Evaluation

William W. Swan, Ed.D., received his doctoral training in educational research at the University of Georgia. He holds a faculty appointment at

the University in the Division for Exceptional Children. During the period of Rutland Center's program development, Dr. Swan served as Coordinator of Evaluation, and through his efforts the evaluation system is a highly successful, effective component within the model. He additionally assumed responsibility for developing and implementing an evaluation system for the Georgia Psychoeducational Center Network in the position of Coordinator of Evaluation for the Technical Assistance Office. Currently he is directing the technical assistance project which is replicating the model nationally.

Coordinator of Psychoeducational Services

Diane Weller, M.Ed., received her Master of Education degree in the education of emotionally disturbed children at the University of Georgia. She taught mentally retarded and emotionally disturbed children for seven years prior to her holding the present position as Coordinator of Psychoeducational Services at Rutland Center. In this capacity, she provides leadership for the implementation of Developmental

Therapy at Rutland Center and has contributed significantly to methods, materials, procedures, training, and evaluation.

Consultant in Evaluation

Carl J. Huberty, Ph.D., received his doctoral training in educational research from the University of Iowa and presently holds a faculty appointment as Assistant Professor at the University of Georgia, Department of Educational Psychology. He has served as consultant in evaluation to the Rutland Center since its inception and is a major author of the evaluation system.

Coordinator of Training

Carolyn Combs, M. Ed., received the Master of Education degree from the University of Georgia. Her past teaching experience has included work with mentally retarded and primary age children in the public schools. At Rutland Center, she has worked as support teacher, lead teacher, and monitor. In her present position as Coordinator

of Training, she is involved in supervising graduate training for students from the University of Georgia and in developing A-V training materials concerning the Rutland Center-Developmental Therapy model.

SUPPLEMENTARY MATERIALS

Manual: The Rutland Center Model for Treating Emotionally Disturbed Children, Edited by Mary M. Wood, Rutland Center, 1972.

ABSTRACT/INFORMATION FORM - 1974 DAA PROGRAM

(Please note: This information will be the basis for the description of your institution's DAA entry in the official DAA booklet given at the Annual Meeting and subsequently distributed widely.)

Please Type or Print:

Name of Program Submitted: THE RUTLAND CENTER: A MODEL PROGRAM OF TEACHER TRAINING AND SERVICE FOR CHILDREN WITH SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS.

Institution (complete name): The University of Georgia, College of Education

President: Dr. Fred C. Davison

Campus Public Information Officer: Dr. Louis T. Griffith

Faculty Member Responsible for Program: Dr. Mary M. Wood

Title of the Faculty Member: Associate Professor of Special Education and Director, Rutland Center

Signature: Mary M Wood

Title: Director, Rutland Center Date: November 20, 1973

Please describe in 150-200 words the program which you have entered in the 1974 AACTE Distinguished Achievement Awards. A sample is included below to give a general idea of the kinds of information we need. Your abstract will be the basis for reporting your entry in Excellence in Teacher Education. Please continue on back if extra space is needed.

SAMPLE: *Hypothetical Sample Description:* Recognizing the necessity for public school teachers to have a continuing education as well as realizing the need for continually updating the elementary science curriculum, the College of Saint Alphonsia Joseph, together with the school district of Stockton, New Hampshire, began in 1969 the Advance Learning for Science Teachers Program (ALSTP). The program, initially funded by a National Science Foundation grant, features a six-week summer institute during which members of the college staff instruct teachers throughout the school district. Also, 30 consultants from the college's science and education departments visit each of the elementary schools during the year. Featured in the six-week institute are effective ways to teach environmental studies, using the neighborhood as key resource. The program has had sufficient impact to project a similar one for secondary science teachers.

ABSTRACT

The education of children with severe emotional and behavioral problems has historically been a concern and challenge to educators. The preparation of teachers for this field has been equally challenging. Recognizing this problem, the Georgia Department of Education and the University of Georgia cooperated in the development of the Rutland Center program which combines training and service in an innovative educational model with four unique features:

... a new social-emotional curriculum (Developmental Therapy) which uses normal developmental milestones as a guide to teaching by objectives;
... a unique performance-based teaching team model with three clearly specified

roles for which trainees are prepared by sequential assignment in each role;
... a highly functional evaluation system which is criterion referenced to Developmental Therapy and with which trainees learn to evaluate each child's progress in the Jevelopmental curriculum;
... and a series of audio-visual training packages enabling individuals to learn the model at their own rate and at locations away from the center.

The project has been awarded funding from competive grant programs for four consecutive years from the U. S. Office of Education, Bureau of Education for the Handicapped as a model demonstration preschool program. It has been supported also by the Georgia Department of Education. Twelve school systems in Georgia and five outside of Georgia have established programs using the model for service and training.